

*Michigan Department
of Community Health*



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CONTINUUM OF CARE UNIT
RYAN WHITE PART B PROGRAM
NEEDS ASSESSMENT
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TABLE OF CONTENTS

I. Overall Executive Summary.....	3
II. Summary of Needs by Region	
a. Capital Area.....	5
b. Central/Mid-Michigan.....	8
c. Mid-South Michigan.....	11
d. Northern Lower Michigan.....	14
e. Southwest Michigan.....	17
f. Tri-city/Thumb Area.....	20
g. Upper Peninsula.....	23
h. Western Michigan.....	26
III. Targeted Population Focus Group Summaries	
a. Young African American MSM Living with HIV/AIDS.....	30
b. Formerly Incarcerated Individuals Living with HIV/AIDS.....	32
IV. Appendix	
a. Map of HIV/AIDS Care Regions.....	33
b. Table of Overall Out-State Respondent Demographics.....	34
c. Service Utilization Supplement.....	35

OVERALL EXECUTIVE SUMMARY

The Michigan Department of Community Health, Division of Health, Wellness, and Disease Control, Continuum of Care (COC) Unit conducts a routine assessment of the care and service needs of Michigan residents living with HIV/AIDS. This routine assessment is used to advise funding priorities outlined in the COC Request for Proposals (RFPs) and guide COC Program funding distribution throughout the state to help ensure comprehensive, coordinated, culturally-competent and quality HIV/AIDS care services for Michigan residents living with HIV/AIDS.

Two data collection methods were used to inform the 2010 assessment. Four thousand five hundred needs assessment surveys were distributed to people living with HIV/AIDS (PLWH/A), of which nine hundred and seventy-one (971) valid surveys were complete and returned. The response rate was 22%, significantly higher than it has been in the past. Targeted focus groups were conducted to further understand and highlight the care and service needs of two priority populations of PLWH/A who reside in the Detroit Eligible Metropolitan Area (DEMA): young African American men who have sex with men (MSM) and recently incarcerated individuals.

Michigan's outstate areas, organized into eight regions, comprise the focus of this report. Outstate Michigan is defined as all geographic areas in Michigan, excluding the DEMA¹. A map of State of Michigan HIV/AIDS Care Regions can be found in Appendix A.

Approximately fifty percent (50%) of survey respondents were outstate area residents (482/971). Among outstate respondents, eighty-one percent (81%) were male (389/482); sixteen percent (16%), female (79/482); and two (2) individuals were transgender. Respondents were: predominantly white (74%); followed by African American (15%), Hispanic (5%) and African National (4%). Respondents ranged in age from nineteen to ninety-two years old. Thirty-two percent (32%) had an AIDS diagnosis. A table of Overall OutState Respondent Demographics can be found in Appendix B.

The most common care priorities reported by outstate respondents, as indicated by responses to the question "How important are the following in keeping you from getting medical care?," were: cost of services, confidentiality, and quality of services. Similarly, for respondents reporting a lapse in care², not being able to afford care, confidentiality, and stigma/judgment or ill treatment by a provider were among common reasons. The most common unmet need reported by respondents were dental care, with twenty-three (23%) of outstate respondents (112/482) reporting needing and not being able to get dental care services. Other common unmet needs for outstate residents were support group and buddy/companion services, and resources to meet basic needs (e.g. help paying rent/mortgage and emergency financial assistance). Participants' number one recommendation for what agencies can do to better serve them was "know what HIV-related services are available and provide referrals to them." Also of note is that several participants across the regions indicated that income-levels for programs requiring low-income eligibility for services are often set too low, leaving some ineligible for low-cost or free services and unable to pay regular fees for services.

What follows is a summary of HIV/AIDS care service priority considerations, needs, and respondent suggestions for service improvement by region, along with summaries of each of the targeted focus

¹ The DEMA consists of the City of Detroit and the Counties of Wayne, Oakland, Macomb, Monroe, Lapeer, and St. Clair. DEMA HIV/AIDS care and support services are funded through the Ryan White Part A Program, and funding distribution is approved by the Southeastern Michigan HIV/AIDS Council (SEMHAAC). Collected DEMA data will be shared with SEMHAAC.

² Defined as a period of time after HIV diagnosis when one did not receive HIV medical care for 7 months or more.

groups. It is anticipated that this 2010 Needs Assessment Report will inform future funding and care service planning.

Also included as an attachment is the Service Utilization Supplement, which provides an analysis of the types and amount of services HIV positive individuals in Michigan have used over the past few years. The report highlights services utilization by minority populations and contains data from the CAREWare system from all areas of the state.

CAPITAL AREA	Counties	Total Survey Respondents
	Clinton, Eaton, Gratiot, Ingham, Shiawassee	41

Demographics and HIV/AIDS Status and Medical Access

Capital Area respondents were predominantly white (78%) and male (90%). Respondents ranged in age from twenty-six to sixty-eight years old. Thirty-two percent (32%) of respondents had an AIDS diagnosis. Most respondents (66%) received HIV-related medical care immediately after HIV/AIDS diagnosis; fifteen percent (15%), within six months of being diagnosed; five percent (5%), within one year; and 10%, more than a year after being diagnosed. In response to the question, “If at any time after HIV diagnosis you did not receive medical care for seven 7 months, what were your reasons,” most area respondents (72.5%) reported no lapse in care. For respondents who had experienced a lapse in medical care, the top five reasons were: confidentiality (12.5%), stigma/judgmental feeling from doctor/provider (10%), depression (7.5%), not needing medical care (7.5%), and not being able to afford care (5%).

Demographic	Percent Respondents
Gender	
Male	90% (n=37)
Female	10% (n=4)
Race³	
African American	10% (n=4)
White	78% (n=31)
Hispanic	10% (n=4)
Asian/Pacific Islander	2% (n=1)
Arab/Chaldean	2% (n=1)
Other ⁴	8% (n=3)

Diagnosis and Care	Percent Respondents
AIDS Diagnosis	
No	66% (n=27)
Yes	32% (n=13)
Don't Know	2% (n=1)
Time between HIV/AIDS Diagnosis & Care	
Immediately after diagnosis	66% (n=27)
≤ 6 Months	15% (n=6)
≤ 1 Year	5% (n=2)
> 1 Year	10% (n=4)
Other ⁵	5% (n=2)

Unmet Need

Respondents reported needing and not being able to get services in three areas: Medical-Related Services⁶; Counseling, Treatment, and Support⁷; and Other⁸. The greatest unmet Medical-Related Service need in this area was dental care, with fifteen percent (15%) of respondents (6/41) reporting needing and not being able to get dental care; followed by seven percent (7%), nutritional counseling (3/41);

³ Forty (40) respondents answered this question.

⁴ Includes one (1) respondent identifying as Afro West Indian; one (1), American Indian and White; and one (1) invalid response.

⁵ Responses included: “it took 6 months for someone to call me” and “didn’t start meds right away.”

⁶ Includes treatment adherence support, nutritional counseling, and dental care.

⁷ Includes professional mental health counseling or therapy, support groups, buddy/companion, help quitting drug or alcohol use, help managing drug or alcohol use.

⁸ Includes help finding housing, help paying rent, child care, legal assistance, transportation/rides, harm reduction services, food bank/pantry, emergency financial assistance, hospice, employment services, client advocacy.

and two percent (2%) treatment adherence support(1/41). In the area of Counseling, Treatment and Support, the greatest unmet need was support groups, with twenty percent (20%) of respondents (8/41) reporting needing and not being able to get support group services; followed by seventeen percent (17%), buddy/companion (7/41); and four percent (4%), professional mental health counseling or therapy (4/41). Clients cited lack of insurance coverage or funding as the reasons why they could not get these services. Lastly, the greatest need in the area “other” was emergency financial assistance, with twenty-seven percent (27%) of respondents (11/41) reporting needing and not being able to get emergency financial assistance; followed by twenty-two percent (22%), helping paying rent/mortgage (9/41); and seventeen percent (17%), legal assistance (7/41).

Service Area & Category Greatest Need	Percent Respondents
Medical-Related Services - Dental Care	15% (n=6)
Counseling Treatment and Support -Support Groups	20% (n=8)
Other - Emergency Financial Assistance	27% (n=11)

Care Priorities

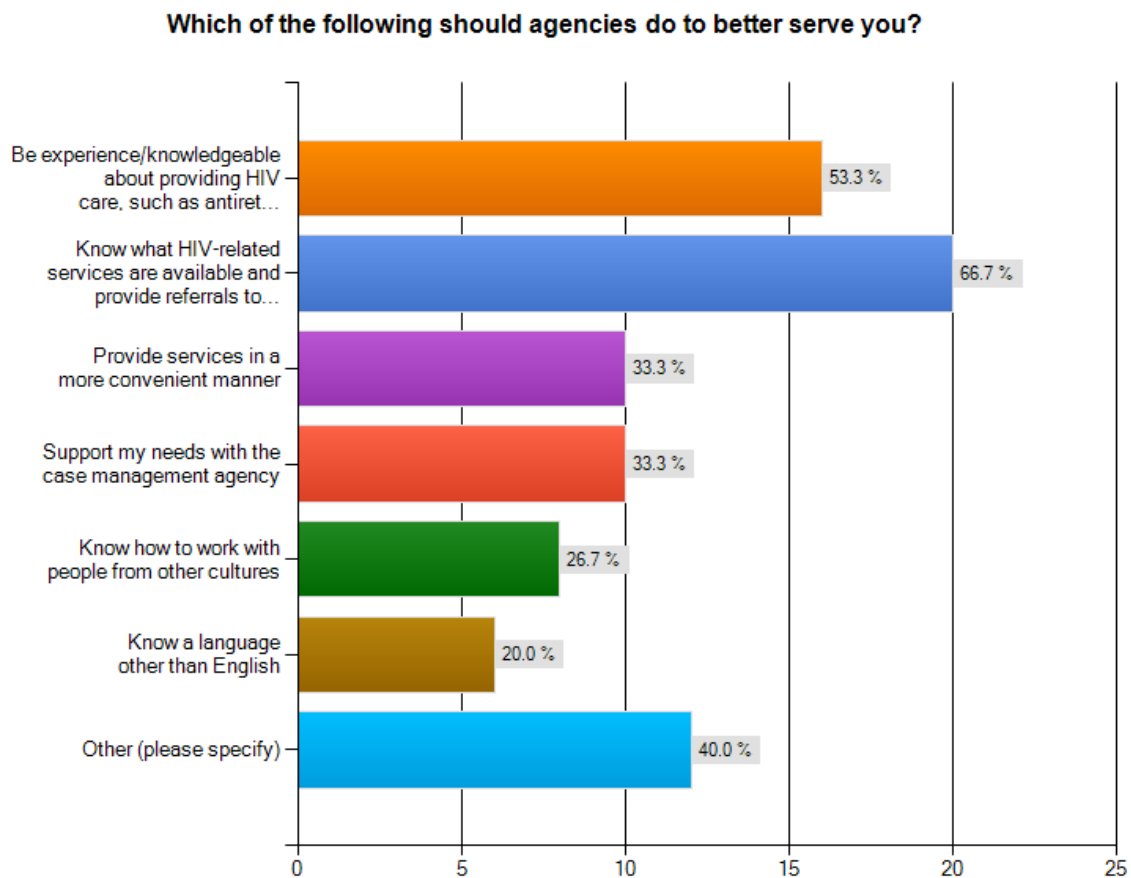
The following table reflects participant responses to the question, “How important are the following in keeping you from getting medical care?” The top three priorities in care consideration in this area were: quality of services (73%), cost of services (66%), and distance to services (61%).

Consideration	Percent Respondents Identifying Consideration as “Important” or “Very Important”
Cost of Services	66% (n=27)
Distance to Services	61% (n=25)
Quality of Services	73% (n=30)
Long Waiting Lists	56% (n=23)
Paperwork/Red Tape	44% (n=18)
Transportation to Services	41% (n=17)
Child Care	15% (n=6)
Rude or Insensitive Staff	44% (n=18)
Confidentiality	63% (n=26)

Later when asked to list the three biggest problems faced when trying to get HIV-related services, common themes were housing, transportation, and financial assistance.

Respondent Suggestions

The accompanying chart reflects participant recommendations for what agencies can do to better serve them. Thirty (30) respondents answered this question. Among top recommendations were: know what HIV related services are available and refer to them (66.7%), and be experienced/knowledgeable about providing HIV care (53.3%). Among the recommendations of those who responded “other” (40%), common themes were treating the whole person, – not just the disease, and providing assistance with basic needs. Lastly, a few respondents commented that the services they are receiving are good.



CENTRAL/MID-MICHIGAN	Counties	Total Survey Respondents
	Arenac, Clare, Gladwin, Isabella, Osceola, Roscommon	13

Demographics and HIV/AIDS Status and Medical Access

Central/Mid-Michigan respondents were predominantly white (92%) and male (85%). Respondents ranged in age from twenty-eight to sixty-three years old. Thirty-nine percent (39%) of respondents had an AIDS diagnosis. Most respondents (69%) received HIV-related medical care immediately after HIV/AIDS diagnosis; eight percent (8%), within six months of being diagnosed; fifteen percent (15%), within one year; and eight percent 8%, more than a year after being diagnosed. In response to the question, “If at any time after HIV diagnosis you did not receive medical care for seven months, what were your reasons,” most area respondents (69.2%) reported no lapse in care. For respondents who had experienced a lapse in medical care, reasons included: not knowing where to go (15.4%), not having transportation (7.7%), not being able to get childcare (7.7%), not being able to afford care (7.7%) and other (23.1%). Responses listed under “other” included: taking a holiday from medications and care being too far away.

Demographic	Percent Respondents
Gender	
Male	85% (n=11)
Female	15% (n=2)
Race	
African American	8% (n=1)
White	92% (n=12)
Hispanic	8% (n=1)

Diagnosis and Care	Percent Respondents
AIDS Diagnosis	
No	54% (n=7)
Yes	39% (n=5)
Don't Know	8% (n=1)
Time between HIV/AIDS Diagnosis & Care	
Immediately after diagnosis	69% (n=9)
≤ 6 Months	8% (n=1)
≤ 1 Year	15% (n=2)
> 1 Year	8% (n=1)

Unmet Need

Respondents reported needing and not being able to get services in three areas: Medical Related Services⁹; Counseling, Treatment and Support¹⁰; and Other¹¹. The greatest unmet Medical Related Service need in this area was dental care, with forty-six percent (46%) of respondents (6/13) reporting needing and not being able to get dental care; followed by eight percent (8%), nutritional counseling (1/13).

In the area of Counseling, Treatment and Support, support groups and buddy/companion were the greatest unmet needs, with thirty-eight (38%) of respondents (5/13) reporting needing and not being able to get

⁹ Includes treatment adherence support, nutritional counseling, and dental care.

¹⁰ Includes professional mental health counseling or therapy, support groups, buddy/companion, help quitting drug or alcohol use, help managing drug or alcohol use.

¹¹ Includes help finding housing, help paying rent, child care, legal assistance, transportation/rides, harm reduction services, food bank/pantry, emergency financial assistance, hospice, employment services, client advocacy.

support group and buddy/companion services; followed by twenty percent (20%), professional mental health counseling or therapy (3/13). Support groups not being available in one's area and the expense of travel were noted as reasons for unmet need. Lastly, in the area "other," respondents reported the highest unmet need in help paying rent/mortgage and transportation/rides, with thirty-one (31%) of respondents (4/13) reporting needing and not being able to get assistance in these areas; followed by twenty-three percent (23%), emergency financial assistance (3/13).

Service Area & Category Greatest Need	Percent Respondents
Medical-Related Services -Dental Care	46% (n=6)
Counseling Treatment and Support -Support Groups and Buddy/Companion	38% (n=5)
Other -Help Paying Rent/Mortgage and Transportation/Rides	31% (n=4)

Care Priorities

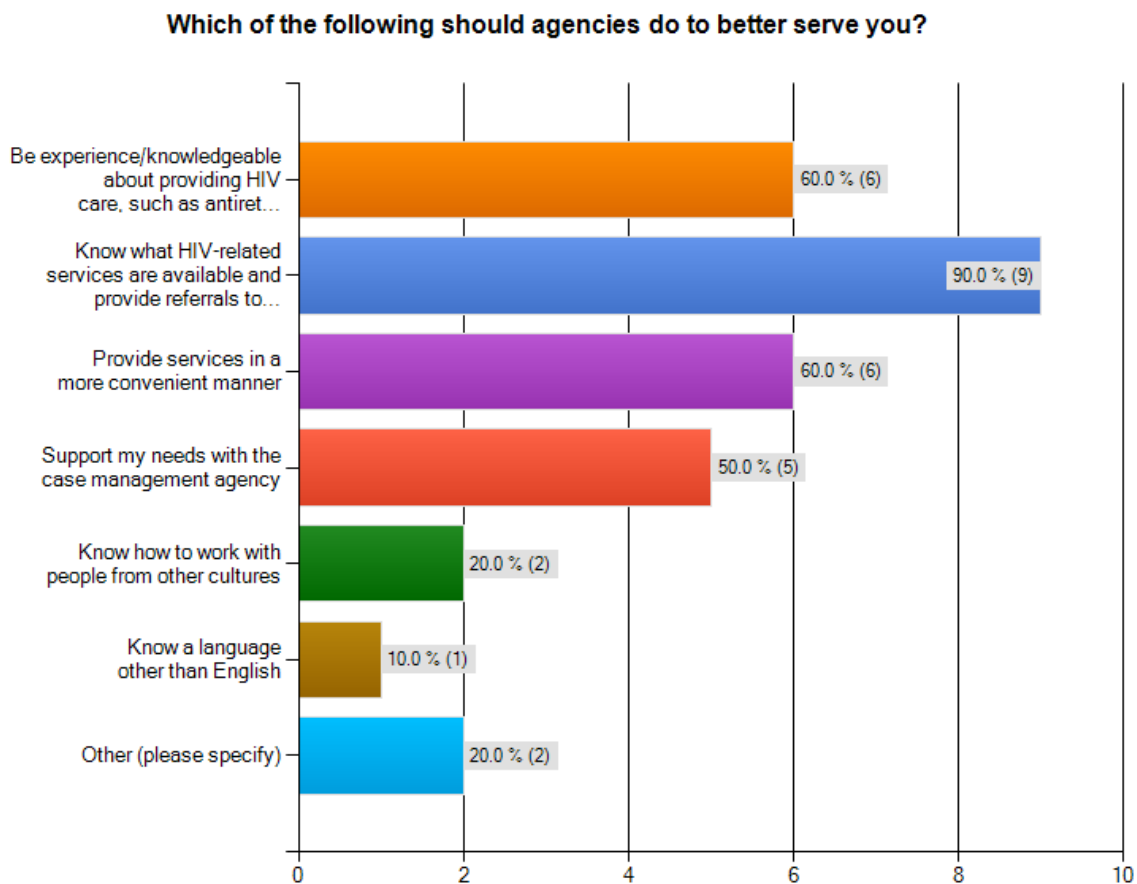
The following table reflects participant responses to the question, "How important are the following in keeping you from getting medical care?" Distance to services (69%) was the most significant care consideration in this area, followed by cost of services (46%), long waiting lists (46%), rude or insensitive staff (46%) and confidentiality (46%).

Consideration	Percent Respondents Identifying Consideration as "Important" or "Very Important"
Cost of Services	46% (n=6)
Distance to Services	69% (n=9)
Quality of Services	38% (n=5)
Long Waiting Lists	46% (n=6)
Paperwork/Red Tape	23% (n=3)
Transportation to Services	38% (n=5)
Child Care	15% (n=2)
Rude or Insensitive Staff	46% (n=6)
Confidentiality	46% (n=6)

Later when asked to list the three biggest problems faced when trying to get HIV-related services, common responses were distance to services, transportation, limited medical care choice in the area and money.

Respondent Suggestions

The accompanying chart reflects participant recommendations for what agencies can do to better serve them. Nearly all respondents (10/13) answered this question. Among top recommendations were: know what HIV related services are available and refer to them (90%), provide referrals in a more convenient manner (60%) and be experienced/ knowledgeable about providing HIV care (60%). Recommendations of participants who responded “other” were maintain consistency and provide more social activities and support.



MID-SOUTH MICHIGAN	Counties	Total Survey Respondents
	Jackson, Lenawee, Livingston, Washtenaw	70

Demographics and HIV/AIDS Status and Medical Access

Mid-South Michigan respondents were predominantly white (75%) and male (89%). Respondents ranged in age from twenty-five to ninety-two years old. Thirty-two percent (32%) of respondents had an AIDS diagnosis. Most respondents (61%) received HIV-related medical care immediately after HIV/AIDS diagnosis; thirteen percent (13%), within six months of being diagnosed; ten percent (10%), within one year; and thirteen percent (13%), more than a year after being diagnosed. Two respondents reported six and eleven years between diagnosis and receiving HIV medical care. In response to the question, “If at any time after HIV diagnosis you did not receive medical care for seven months, what were your reasons,” most area respondents (69.7%) reported no lapse in care. For respondents who had experienced a lapse in medical care, the top five reasons were not being able to afford care (12.1%), confidentiality (10.6%), stigma/judgmental feeling from doctor/provider (9.1%), depression (9.1%) and other (7.6%). Reasons listed under “other” included currently not receiving care, being in jail, traveling/living out of the country, waiting to receive care in another state, and not believing in medication.

Demographic	Percent Respondents
Gender	
Male	89% (n=62)
Female	11% (n=8)
Race¹³	
African American	22% (n=15)
White	75% (n=52)
Hispanic	1% (n=1)
Arab/Chaldean	1% (n=1)

Diagnosis and Care	Percent Respondents
AIDS Diagnosis¹²	
No	63% (n=43)
Yes	32% (n=22)
Don't Know	4% (n=3)
Time between HIV/AIDS Diagnosis & Care	
Immediately after diagnosis	61% (n=43)
≤ 6 Months	13% (n=9)
≤ 1 Year	10% (n=7)
> 1 Year	13% (n=9)
Don't remember	3% (n=2)

Unmet Need

Respondents reported needing and not being able to get services in three areas: Medical-Related Services¹⁴; Counseling, Treatment and Support¹⁵; and Other¹⁶. The greatest unmet Medical-Related Service need in this area was dental care, with twenty-three percent (23%) of clients (16/70) reporting

¹² Sixty-eight (68) respondents answered this question.

¹³ Sixty-nine (69) respondents answered this question.

¹⁴ Includes treatment adherence support, nutritional counseling, and dental care.

needing and not being able to get dental care; followed by ten percent (10%), nutritional counseling (7/70); and three percent (3%), treatment adherence support (3/70). The high cost of dental care was mentioned, along with not knowing where to get nutritional counseling services. In the area of Counseling, Treatment and Support, support groups and buddy/companion were the greatest unmet needs, with sixteen percent (16%) of respondents (11/70) reporting needing and not being able to get support groups and buddy/companion services; followed by seven percent (7%), professional mental health counseling or therapy (5/70). Not knowing where to get needed counseling, treatment and support services was noted. Lastly, in the area “other,” the greatest need was help paying rent/mortgage, with twenty-one (21%) of respondents (15/70) reporting needing and not being able to get rent/mortgage assistance; followed by twenty percent (20%), emergency financial assistance (14/70); and sixteen percent (16%), food bank/pantry (11/70).

Service Area & Category Greatest Need	Percent Respondents
Medical-Related Services - Dental Care	23% (n=16)
Counseling, Treatment and Support -Support Groups and Buddy/Companion	16% (n=11)
Other -Help Paying Rent/Mortgage	21% (n=15)

Care Priorities

The accompanying table reflects participant responses to the question, “How important are the following in keeping you from getting medical care?” The top three priorities in care consideration in this area were: quality of services (70%), confidentiality (63%), and cost of services (56%).

Later when asked to list the three biggest problems faced when trying to get HIV-related services, common responses were transportation, money, and unprofessional or unknowledgeable AIDS service organization and Department of Human Service staff. A lack of support groups for women in this area is also noted.

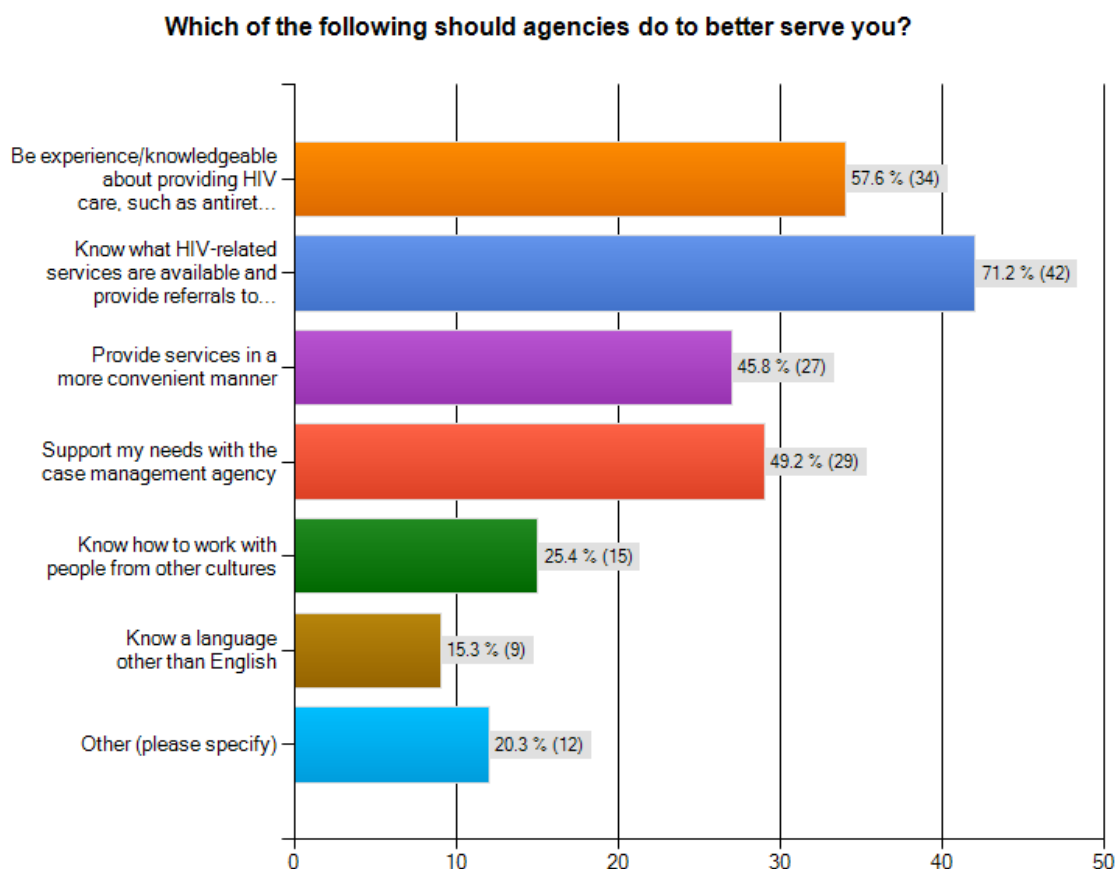
Consideration	Percent Respondents Identifying Consideration as “Important” or “Very Important”
Cost of Services	56% (n=39)
Distance to Services	49% (n=34)
Quality of Services	70% (n=49)
Long Waiting Lists	47% (n=33)
Paperwork/Red Tape	46% (n=32)
Transportation to Services	37% (n=26)
Child Care	9% (n=6)
Rude or Insensitive Staff	47% (n=33)
Confidentiality	63% (n=44)

¹⁵ Includes professional mental health counseling or therapy, support groups, buddy/companion, help quitting drug or alcohol use, help managing drug or alcohol use.

¹⁶ Includes help finding housing, help paying rent, child care, legal assistance, transportation/rides, harm reduction services, food bank/pantry, emergency financial assistance, hospice, employment services, client advocacy.

Respondent Suggestions

The accompanying chart reflects participant recommendations for what agencies can do to better serve them. Fifty-nine (59) respondents answered this question. Among top recommendations were: know what HIV related services are available and refer to them (71.2%), be experienced/ knowledgeable about providing HIV care (57.6%), support my needs with the case management agency (49.2%) and provide services in a more convenient manner (45.8%). Among recommendations of those who responded “other” (20.3%) were return calls in a timely manner, make frequent contact, create support groups and make information available in small towns.



NORTHERN LOWER MICHIGAN	Counties	Total Survey Respondents
	Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Wexford	41

Demographics and HIV/AIDS Status and Medical Access

Northern Lower Michigan respondents were predominantly white (83%) and male (71%). Respondents ranged in age from nineteen to eighty-five years old. Thirty-four percent (34%) of respondents had an AIDS diagnosis. Most respondents (63%) received HIV-related medical care immediately after HIV/AIDS diagnosis; thirteen percent (13%), within six months of being diagnosed; five percent (5%), within one year; and sixteen percent 16%, more than a year after being diagnosed. In response to the question, “If at any time after HIV diagnosis you did not receive medical care for seven months, what were your reasons,” most area respondents (68.6%) reported no lapse in care. For respondents who had experienced a lapse in medical care, the top five reasons were: not being able to afford care (20%), depression (14.3%), confidentiality (11.4%), stigma/judgmental feeling from doctor/provider (8.6%) and other (8.6%). Toxicity of medications, preference for a mix of Eastern and Western medicine and repercussions of stigma were among the reasons listed under “other.”

Demographic	Percent Respondents
Gender¹⁷	
Male	71% (n=27)
Female	29% (n=11)
Race	
African American	5% (n=2)
White	83% (n=34)
Hispanic	10% (n=4)
Other ¹⁹	2% (n=1)

Diagnosis and Care	Percent Respondents
AIDS Diagnosis	
No	63% (n=26)
Yes	34% (n=14)
Don't Know	2% (n=1)
Time between HIV/AIDS Diagnosis & Care¹⁸	
Immediately after diagnosis	63% (n=24)
≤ 6 Months	13% (n=5)
≤ 1 Year	5% (n=2)
> 1 Year	16% (n=6)
Don't remember	3% (n=1)

¹⁷ Thirty-eight (38) respondents answered this question.

¹⁸ Thirty-eight (38) respondents answered this question.

¹⁹ Jamaican

Unmet Need

Respondents reported needing and not being able to get services in three areas: Medical-Related Services²⁰, Counseling, Treatment, and Support²¹; and Other²². The greatest unmet Medical-Related Service need in this area was dental care, with twenty percent (20%) of respondents (8/41) reporting needing and not being able to get dental care; followed by two percent (2%), nutritional counseling (1/41). In the area of Counseling, Treatment and Support, the greatest unmet needs were professional mental health counseling or therapy and buddy/companion, with ten percent (10%) of respondents (4/41) reporting needing and not being able to get these services; followed by two percent (2%), support groups (1/41) and help managing drug or alcohol use (1/41). Clients cited lack of insurance coverage or funding, and limiting eligibility criteria as the reasons why they could not get these services. Lastly, the greatest need in the area “other” was help paying rent/mortgage, with seventeen percent (17%) of respondents (7/41) reporting needing and not being able to get assistance with rent/mortgage; followed by twelve percent (12%), emergency financial assistance (5/41) and five percent (5%), legal assistance (2/41) and employment services (2/41).

Service Area & Category Greatest Need	Percent Respondents
Medical-Related Services -Dental Care	20% (n=8)
Counseling Treatment and Support -Mental Health Counseling and Buddy/Companion	10% (n=4)
Other -Help Paying Rent/Mortgage	17% (n=7)

Care Priorities

The following table reflects participant responses to the question, “How important are the following in keeping you from getting medical care?” The top three priorities in care consideration in this area were: distance to services (71%), long waiting lists (63%) and confidentiality (61%).

Later when asked to list the three biggest problems faced when trying to get HIV-related services, distance and confidentiality were among common themes, along with limited resources and funding.

Consideration	Percent Respondents Identifying Consideration as “Important” or “Very Important”
Cost of Services	54% (n=22)
Distance to Services	71% (n=29)
Quality of Services	58% (n=24)
Long Waiting Lists	63% (n=26)
Paperwork/Red Tape	49% (n=20)
Transportation to Services	44% (n=18)
Child Care	10% (n=4)
Rude or Insensitive Staff	49% (n=20)
Confidentiality	61% (n=25)

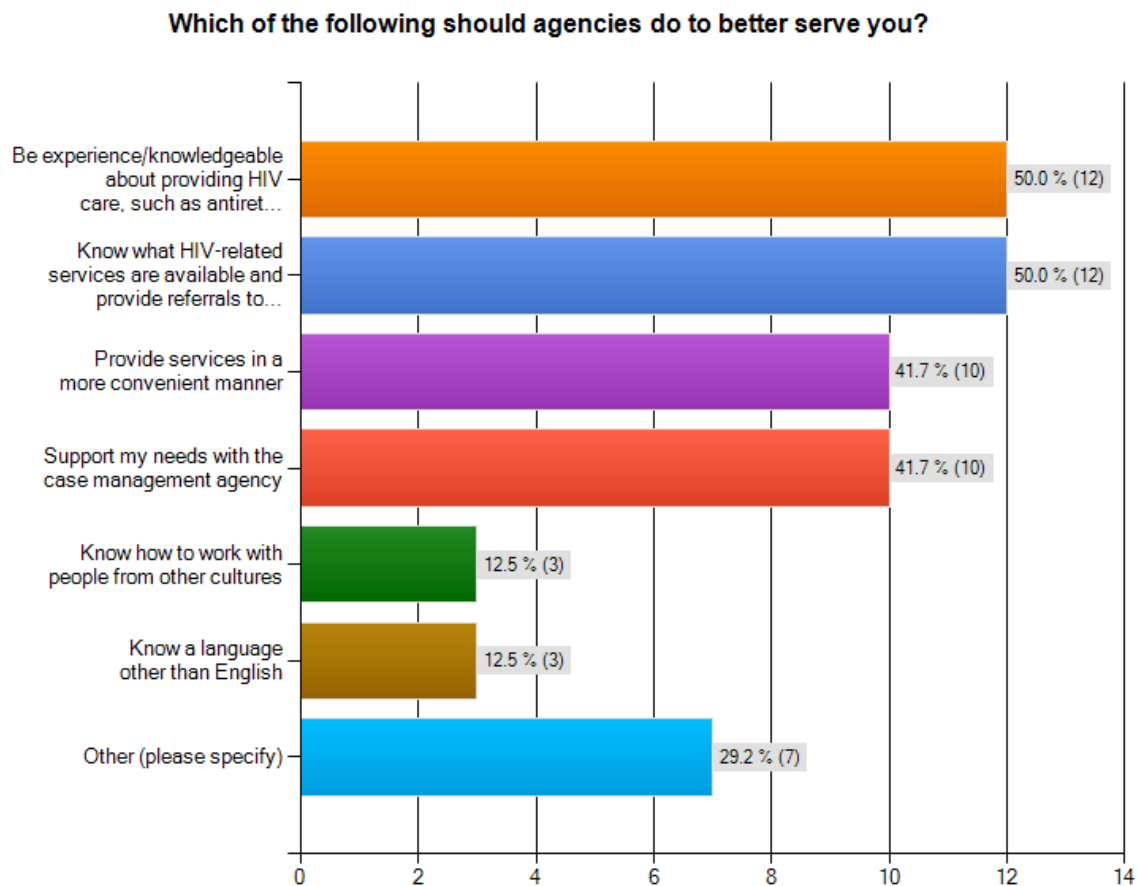
²⁰ Includes treatment adherence support, nutritional counseling, and dental care.

²¹ Includes professional mental health counseling or therapy, support groups, buddy/companion, help quitting drug or alcohol use, help managing drug or alcohol use.

²² Includes help finding housing, help paying rent, child care, legal assistance, transportation/rides, harm reduction services, food bank/pantry, emergency financial assistance, hospice, employment services, client advocacy.

Respondent Suggestions

The accompanying chart reflects participant recommendations for what agencies can do to better serve them. Twenty-four (24) respondents answered this question. Among top recommendations were: be experienced/knowledgeable about providing HIV care (50%), know what HIV related services are available and refer to them (50%), provide services in a more convenient manner (41.7%) and support my needs with my case management agency (41.7%). Most respondents in the category “other,” noted they are receiving great care; one noted a need for more confidential/private waiting rooms for appointments.



SOUTHWEST MICHIGAN	Counties	Total Survey Respondents
	Allegan, Barry, Berrien, Branch, Calhoun, Cass, Hillsdale, Kalamazoo, Saint Joseph, Van Buren	100

Demographics and HIV/AIDS Status and Medical Access

Southwest Michigan respondents were predominantly white (71%) and male (80%). Unique to this area was the number of African National respondents (11%). Respondents ranged in age from twenty-two to seventy-two years old. Twenty-six percent (26%) of respondents had an AIDS diagnosis. Most respondents (64%) received HIV-related medical care immediately after HIV/AIDS diagnosis; twenty-one percent (21%), within six months of being diagnosed; three percent (3%), within one year; and eleven percent (11%), more than a year after being diagnosed. In response to the question, “If at any time after HIV diagnosis you did not receive medical care for seven months, what were your reasons,” most area respondents (76%) reported no lapse in care. For respondents who had experienced a lapse in medical care, the top five reasons were not being able to afford care (15.2%), confidentiality (6.5%), depression (5.4%), stigma/judgmental feeling from doctor/provider (4.3%), and other (6.5%). Reasons listed in the category “other” included: denial, substance use, not seeking care until ill, a provider not enrolling client in care by a certain deadline, and poor choice of providers in the area.

Demographic	Percent Respondents
Gender²³	
Male	80% (n=78)
Female	20% (n=19)
Race²⁵	
African American	14% (n=14)
White	71% (n=70)
Hispanic	4% (n=4)
Asian/Pacific Islander	2% (n=2)
Native American/Alaskan Native	1% (n=1)
Arab/Chaldean	1% (n=1)
African National	11% (n=11)

Diagnosis and Care	Percent Respondents
AIDS Diagnosis²⁴	
No	70% (n=69)
Yes	26% (n=26)
Don't Know	4% (n=4)
Time between HIV/AIDS Diagnosis & Care²⁶	
Immediately after diagnosis	64% (n=63)
≤ 6 Months	21% (n=21)
≤ 1 Year	3% (n=3)
> 1 Year	11% (n=11)

²³ Ninety-seven (97) respondents answered this question.

²⁴ Ninety-nine (99) respondents answered this question.

²⁵ Ninety-eight (98) respondents answered this question. In the category “other,” there was one invalid response.

²⁶ Ninety-eight (98) respondents answered this question.

Unmet Need

Respondents reported needing and not being able to get services in three areas: Medical-Related Services²⁷; Counseling, Treatment, and Support²⁸; and Other²⁹. The greatest Medical-Related Service need in this area was dental care, with thirty-one percent (31%) of respondents (31/100) reporting needing and not being able to get dental care; followed by seventeen percent (17%), nutritional counseling (17/100). In the area of Counseling, Treatment and Support, the greatest unmet need was support groups, with eighteen percent (18%) of respondents (18/100) reporting needing and not being able to get support group services; followed by fourteen percent (14%), professional mental health counseling or therapy (14/100); and thirteen percent (13%), buddy/companion (13/100). Clients cited lack of insurance coverage or funding, and the needed service not being offered as reasons why they could not get these services. Lastly, the greatest need in the category “other” was emergency financial assistance, with twenty-six percent (26%) of respondents (26/100) reporting needing and not being able to get emergency financial assistance; followed by eighteen percent (18%), help paying rent/mortgage (18/100) and fifteen percent (15%), legal assistance (15/100).

Service Area & Category Greatest Need	Percent Respondents
Medical-Related Services -Dental Care	31% (n=31)
Counseling Treatment and Support -Support Groups	18% (n=18)
Other -Emergency Financial Assistance	26% (n=26)

Care Priorities

The following table reflects participant responses to the question, “How important are the following in keeping you from getting medical care?” The top three priorities in care consideration in this area were: quality of services (53%), cost of services (50%), and confidentiality (47%).

Later when asked to list the three biggest problems faced when trying to get HIV-related services common responses included: transportation, insurance/cost of services (e.g. tests,

Consideration	Percent Respondents Identifying Consideration as “Important” or “Very Important”
Cost of Services	50% (n=50)
Distance to Services	44% (n=44)
Quality of Services	53% (n=53)
Long Waiting Lists	36% (n=36)
Paperwork/Red Tape	39% (n=39)
Transportation to Services	35% (n=35)
Child Care	7% (n=7)
Rude or Insensitive Staff	39% (n=39)
Confidentiality	47% (n=47)

²⁷ Includes treatment adherence support, nutritional counseling, and dental care.

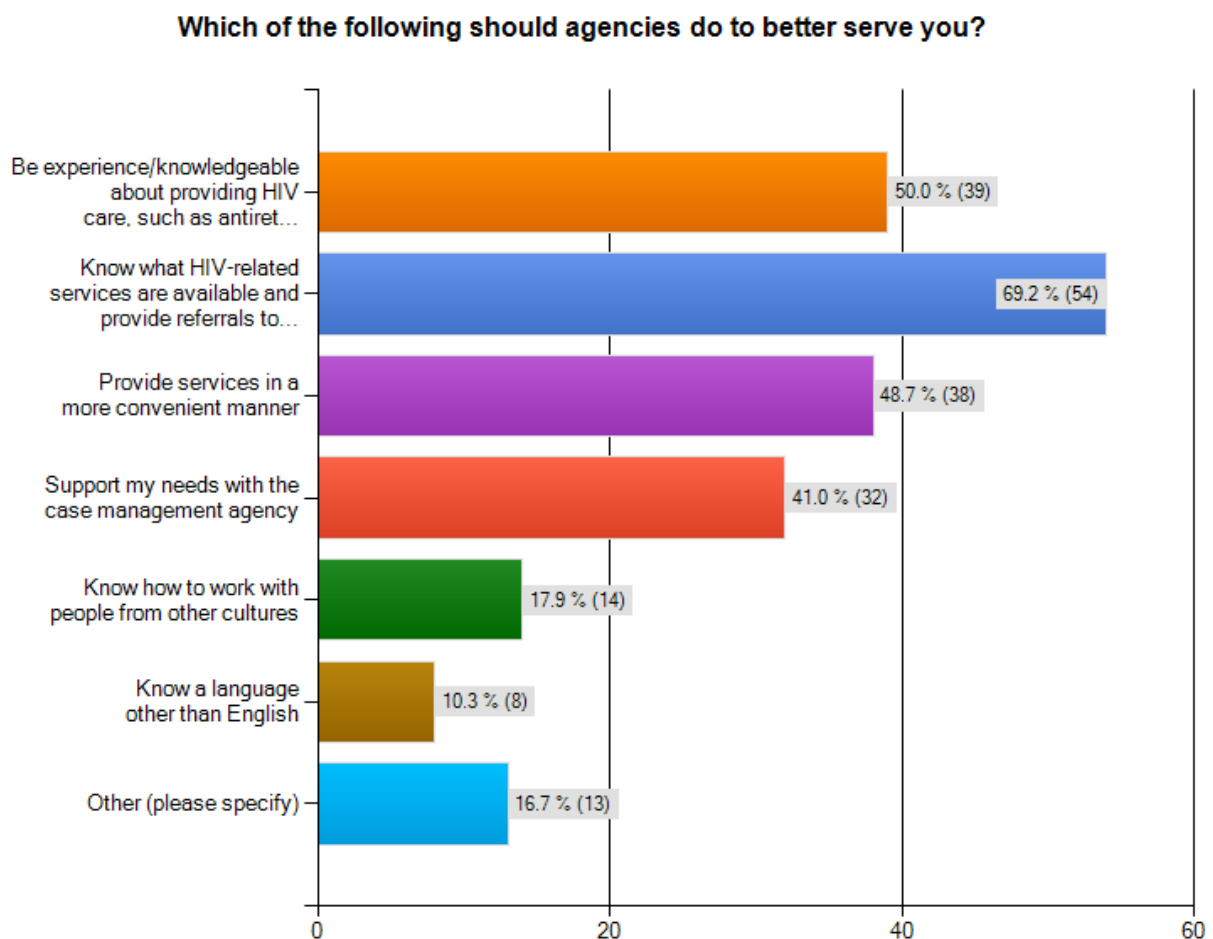
²⁸ Includes professional mental health counseling or therapy, support groups, buddy/companion, help quitting drug or alcohol use, help managing drug or alcohol use.

²⁹ Includes help finding housing, help paying rent, child care, legal assistance, transportation/rides, harm reduction services, food bank/pantry, emergency financial assistance, hospice, employment services, client advocacy.

medications, co-pays), limited choice of and competence of providers, long waitlists, and difficult paperwork processes (e.g. FIA, Medicaid, and ADAP).

Respondent Suggestions

The accompanying chart reflects participant recommendations for what agencies can do to better serve them. Seventy-eight (78) respondents answered this question. Among top recommendations were: know what HIV related services are available and refer to them (69.2%), be experienced/knowledgeable about providing HIV care (50%), provide services in a more convenient manner (48.7%), and support my needs with my case management agency (41%). Recommendations under the category “other” included: having a place to donate unused medications and have support groups or buddy system in the area. Several respondents in this category four (4) stated that they had no recommendations and receive great care.



TRI-CITY/THUMB AREA	Counties	Total Survey Respondents
	Bay, Genesee, Huron, Midland, Saginaw, Sanilac, Tuscola	86

Demographics and HIV/AIDS Status and Medical Access

Tri-City/Thumb Area respondents were predominantly white (71%) and male (78%). Nineteen percent (19%) of respondents were female; two percent (2%), transgender. Respondents ranged in age from twenty-two to seventy-three years old. Thirty-three percent (33%) of respondents had an AIDS diagnosis. Most respondents (61%) received HIV-related medical care immediately after HIV/AIDS diagnosis; seventeen percent (17%), within six months of being diagnosed; six percent (6%), within one year; and 15%, more than a year after being diagnosed. In response to the question, “If at any time after HIV diagnosis you did not receive medical care for seven months, what were your reasons,” most area respondents (67.1%) reported no lapse in care. For respondents who had experienced a lapse in medical care, the top five reasons were not being able to afford care (18.3%), confidentiality (15.9%), depression (15.9%), not needing medical care (8.5%) and not liking treatment received from doctor/provider (7.3%).

Demographic	Percent Respondents
Gender³⁰	
Male	78% (n=65)
Female	19% (n=16)
Transgender	2% (n=2)
Race³²	
African American	27% (n=23)
White	71% (n=60)
Hispanic	2% (n=2)
Asian/Pacific Islander	1% (n=1)

Diagnosis and Care	Percent Respondents
AIDS Diagnosis³¹	
No	60% (n=51)
Yes	33% (n=28)
Don't Know	7% (n=6)
Time between HIV/AIDS Diagnosis & Care³³	
Immediately after diagnosis	61% (n=52)
≤ 6 Months	17% (n=15)
≤ 1 Year	6% (n=5)
> 1 Year	15% (n=13)
Don't remember	1% (n=1)

Unmet Need

Respondents reported needing and not being able to get services in three areas: Medical-Related Services³⁴; Counseling, Treatment, and Support³⁵; and Other³⁶. The greatest unmet Medical-Related Service need in this area was dental care, with twenty-seven (27%) of respondents (23/86) reporting

³⁰ Eighty-six (86) respondents answered this question.

³¹ Eighty-five (85) respondents answered this question.

³² Eighty-five (85) respondents answered this question.

³³ Eighty-six (86) respondents answered this question.

³⁴ Includes treatment adherence support, nutritional counseling, and dental care.

needing and not being able to get dental care; followed by nine percent (9%), nutritional counseling. In the area of Counseling, Treatment and Support, the greatest unmet need was buddy/companion services, with seven percent (7%) of respondents (6/86) reporting needing and not being able to get services in this area; followed by five percent (5%), support group services (4/86); and three (3%) professional mental health counseling or therapy (3/86). Clients cited lack of insurance coverage or funding, and the needed service not being available in their area as reasons why they could not get these services. Lastly, the greatest unmet need in the category “other” was help paying rent/mortgage, with seventeen percent (17%) of respondents (15/86) reporting needing and not being able to get rent/mortgage assistance; followed by sixteen percent (16%), employment services (14/86); fifteen percent (15%), emergency financial assistance (13/86) and fourteen percent (14%), legal assistance (12/86).

Service Area & Category Greatest Need	Percent Respondents
Medical-Related Services -Dental Care	27% (n=23)
Counseling Treatment and Support -Buddy/Companion	7% (n=6)
Other -Help Paying Rent/Mortgage	17% (n=15)

Care Priorities

The following table reflects participant responses to the question, “How important are the following in keeping you from getting medical care?” The top three priorities in care consideration in this area were: quality of services (74%) cost of services (69%) and confidentiality (69%).

Later when asked to list the three biggest problems faced when trying to get HIV-related services common responses included: lack of funds or insurance to cover needed medications, transportation and distance to services and confidentiality. Limited provider choice in comparison to other areas of the state was also mentioned.

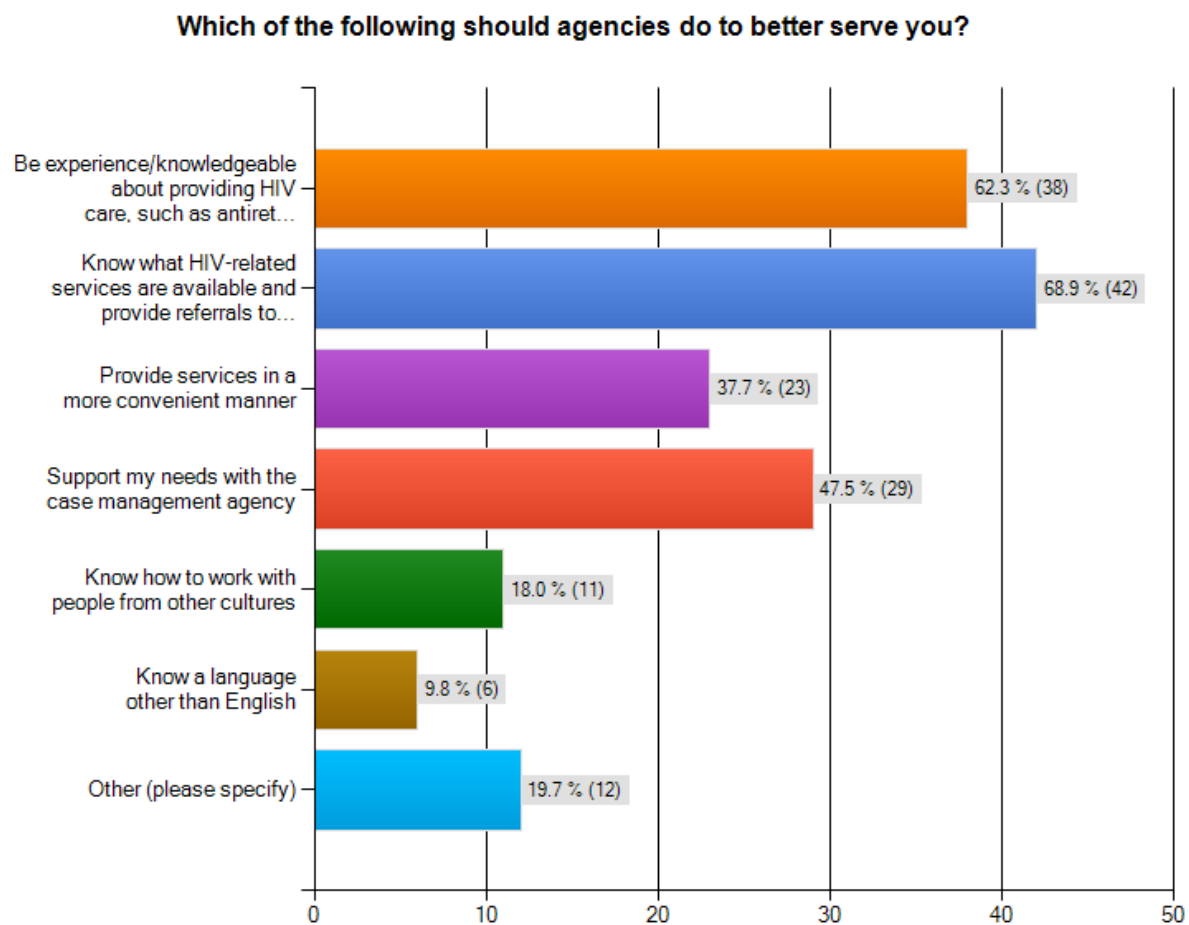
Consideration	Percent Respondents Identifying Consideration as “Important” or “Very Important”
Cost of Services	69% (n=59)
Distance to Services	56% (n=48)
Quality of Services	74% (n=64)
Long Waiting Lists	50% (n=43)
Paperwork/Red Tape	56% (n=48)
Transportation to Services	44% (n=38)
Child Care	15% (n=13)
Rude or Insensitive Staff	50% (n=43)
Confidentiality	69% (n=59)

³⁵ Includes professional mental health counseling or therapy, support groups, buddy/companion, help quitting drug or alcohol use, help managing drug or alcohol use.

³⁶ Includes help finding housing, help paying rent, child care, legal assistance, transportation/rides, harm reduction services, food bank/pantry, emergency financial assistance, hospice, employment services, client advocacy.

Respondent Suggestions

The accompanying chart reflects participant recommendations for what agencies can do to better serve them. Sixty-one (61) respondents answered this question. Among top recommendations were: know what HIV related services are available and refer to them (68.9%), be experienced/knowledgeable about providing HIV care (62.3%), support my needs with my case management agency (47.5%) and provide services in a more convenient manner (37.7%). Recommendations from those responding “other” included: offer more help with basic needs (housing, nutrition, employment), offer more support for those with long-term nonreactive status and increase cultural competency/sensitivity to the needs of Asian clients.



UPPER PENINSULA	Counties	Total Survey Respondents
	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, School Craft	16

Demographics and HIV/AIDS Status and Medical Access

Upper Peninsula respondents were nearly all white (94%) and male (94%). One (1) respondent reported being African American; and one (1), female. Respondents ranged in age from thirty-nine to sixty-one years old. Thirty-two percent (47%) of respondents had an AIDS diagnosis. Less than half of respondents (44%) received HIV-related medical care immediately after HIV/AIDS diagnosis; nineteen percent (19%), within six months of being diagnosed; six percent (6%), within one year; and 31%, more than a year after being diagnosed. In response to the question, “If at any time after HIV diagnosis you did not receive medical care for seven months, what were your reasons,” most area respondents (50%) reported no lapse in care. For respondents who had experienced a lapse in medical care, the most common reason was not being able to afford care (12.5%); followed by not trusting doctors, not liking the treatment received from a doctor, stigma/judgmental feeling from doctor/provider, confidentiality, and depression at 6.3% of respondents for each. Reasons indicated by those responding “other” (31.3%) included: not wanting care, being exhausted of side effects and not believing treatment was available.

Demographic	Percent Respondents
Gender	
Male	94% (n=15)
Female	6% (n=1)
Race	
African American	6% (n=1)
White	94% (n=15)

Diagnosis and Care	Percent Respondents
AIDS Diagnosis³⁷	
No	47% (n=7)
Yes	47% (n=7)
Don't Know	7% (n=1)
Time between HIV/AIDS Diagnosis & Care	
Immediately after diagnosis	44% (n=7)
≤ 6 Months	19% (n=3)
≤ 1 Year	6% (n=1)
> 1 Year	31% (n=5)

Unmet Need

Respondents reported needing and not being able to get services in three areas: Medical Related

³⁷ Fifteen (15) people responded to this question.

Services³⁸; Counseling, Treatment, and Support³⁹; and Other⁴⁰. The greatest Medical Related Service need in this area was dental care, with thirteen percent (13%) of respondents (2/16) reporting needing and not being able to get dental care. In the area of Counseling, Treatment and Support, the greatest unmet need was professional mental health counseling or therapy, with nineteen percent (19%) of respondents (3/16) reporting needing and not being able to get professional mental health counseling or therapy services; followed by six percent (6%), help managing drug or alcohol use (1/16). Clients cited lack of insurance coverage and lack of funding as reasons why they could not get these services. Lastly, the greatest need in the area “other” was help paying rent/mortgage, with twenty-five (25%) of respondents (4/16) reporting needing and not being able to get rent/mortgage assistance; followed by nineteen percent (19%), emergency financial assistance (3/16); thirteen percent (13%), harm reduction services (2/16); and thirteen percent (13%) food bank/pantry (2/16).

Service Area & Category Greatest Need	Percent Respondents
Medical-Related Services -Dental Care	13% (n=2)
Counseling Treatment and Support -Mental Health Counseling	19% (n=3)
Other -Help Paying Rent/Mortgage	25% (n=4)

Care Priorities

The following table reflects participant responses to the question, “How important are the following in keeping you from getting medical care?” The top three priorities in care consideration in this area were: confidentiality (75%), quality of services (69%), and cost of services (56%).

Later when asked to list the three biggest problems faced when trying to get HIV-related services common responses included: money, distance to services and transportation.

Consideration	Percent Respondents Identifying Consideration as “Important” or “Very Important”
Cost of Services	56% (n=9)
Distance to Services	50% (n=8)
Quality of Services	69% (n=11)
Long Waiting Lists	44% (n=7)
Paperwork/Red Tape	50% (n=8)
Transportation to Services	50% (n=8)
Child Care	0% (n=0)
Rude or Insensitive Staff	50% (n=8)
Confidentiality	75% (n=12)

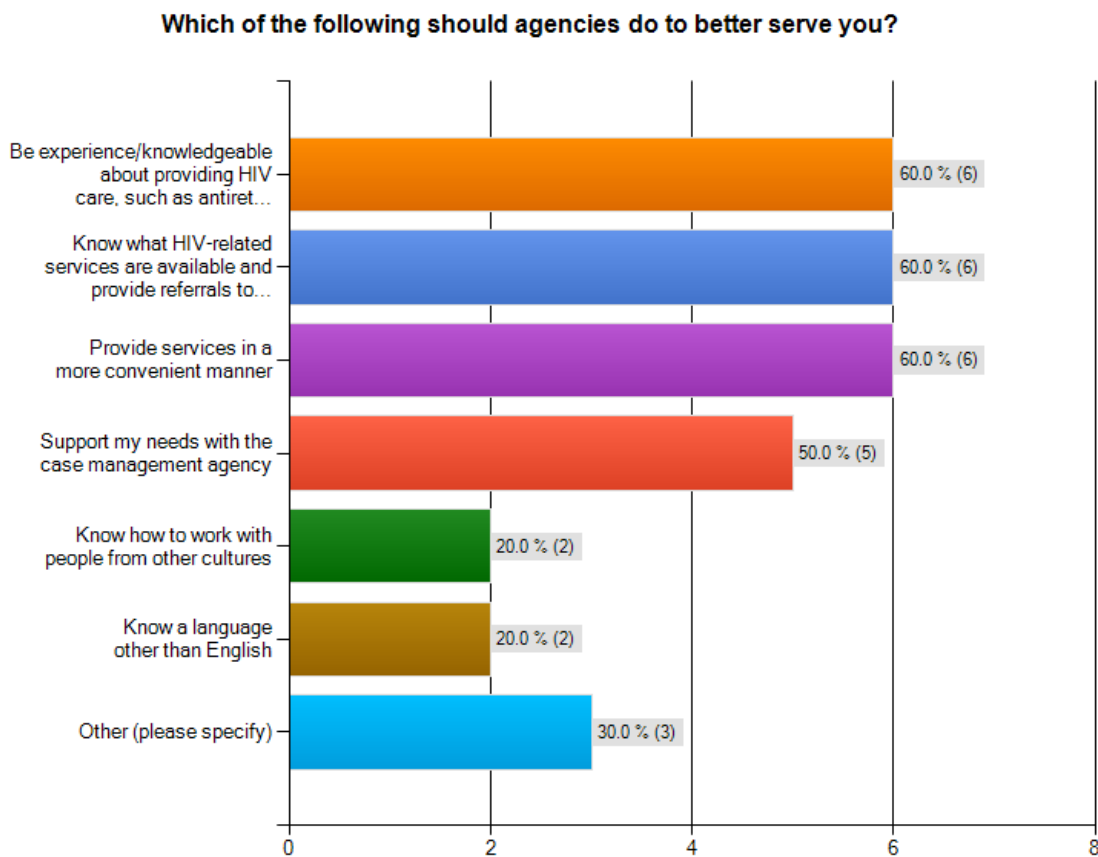
³⁸ Includes treatment adherence support, nutritional counseling, and dental care.

³⁹ Includes professional mental health counseling or therapy, support groups, buddy/companion, help quitting drug or alcohol use, help managing drug or alcohol use.

⁴⁰ Includes help finding housing, help paying rent, child care, legal assistance, transportation/rides, harm reduction services, food bank/pantry, emergency financial assistance, hospice, employment services, client advocacy.

Respondent Suggestions

The accompanying chart reflects participant recommendations for what agencies can do to better serve them. Ten (10) respondents answered this question. Among top recommendations were: be experienced/knowledgeable about providing HIV care (60%), know what HIV related services are available and refer to them (60%), provide services in a more convenient manner (60%), and support my needs with my case management agency (50%). Recommendations from those responding “other” (30%) included increase health department funding and provide more opportunities for social interaction for people living with HIV/AIDS.



WESTERN MICHIGAN	Counties	Total Survey Respondents
	Ionia, Kent, Lake, Manistee, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Ottawa	115

Demographics and HIV/AIDS Status and Medical Access

Western Michigan respondents were predominantly white (71%) and male (84%). Respondents ranged in age from twenty-five to seventy-three years old. Thirty-eight percent (38%) of respondents had an AIDS diagnosis. Most respondents (65%) received HIV-related medical care immediately after HIV/AIDS diagnosis; twelve percent (12%), within six months of being diagnosed; four percent (4%), within one year; and fourteen (14%), more than a year after being diagnosed. Two percent (2%) of respondents indicated that they have never received HIV medical care. In response to the question, “If at any time after HIV diagnosis you did not receive medical care for seven months, what were your reasons,” most area respondents (76.6%) reported no lapse in care. For respondents who had experienced a lapse in medical care, the top five reasons were not being able to afford care (11.2%), confidentiality (10.3%), depression (7.5%), not liking treatment received from a doctor (5.6%) and other (5.6%). Reason listed under “other” included: appointment scheduling, long wait times, inexperienced staff/providers and denial of medical coverage.

Demographic	Percent Respondents
Gender⁴¹	
Male	84% (n=94)
Female	16% (n=18)
Race⁴³	
African American	11.4% (n=13)
White	71% (n=81)
Hispanic	8% (n=9)
Asian/Pacific Islander	2% (n=2)
Native American/Alaskan Native	3% (n=3)
African National	6% (n=7)
Other ⁴⁵	1% (n=1)

Diagnosis and Care	Percent Respondents
AIDS Diagnosis⁴²	
No	61% (n=67)
Yes	38% (n=41)
Don't Know	2% (n=2)
Time between HIV/AIDS Diagnosis & Care⁴⁴	
Never received HIV care	2% (n=2)
Immediately after diagnosis	65% (n=73)
≤ 6 Months	12% (n=13)
≤ 1 Year	4% (n=5)
> 1 Year	14% (n=16)
Don't remember	1% (n=1)
Other ⁴⁶	3% (n=3)

⁴¹ One hundred and twelve (112) respondents answered this question.

⁴² One hundred and ten (110) respondents answered this question.

⁴³ One hundred and fourteen (114) respondents answered this question.

⁴⁴ One hundred and thirteen (113) respondents answered this question.

⁴⁵ Multiracial

⁴⁶ Two responses were invalid. One respondent reported being told to seek services when “closer to death.”

Unmet Need

Respondents reported needing and not being able to get services in three areas: Medical-Related Services⁴⁷; Counseling, Treatment, and Support⁴⁸; and Other⁴⁹. The greatest unmet Medical-Related Service need in this area was dental care, with seventeen percent (17%) of respondents (20/115) reporting needing and not being able to get dental care; followed by ten percent (10%), nutritional counseling (12/115). In the area of Counseling, Treatment and Support, the greatest unmet need was support groups, with twenty percent (20%) of respondents (23/115) reporting needing and not being able to get support group services; followed by, seventeen percent (17%), professional mental health counseling or therapy (20/115); and fifteen percent (15%), buddy/companion (17/115).

Respondent's cited lack of insurance coverage or funding, not knowing where to find a particular service, and certain services not being available as reasons why they could not get these services. Lastly, the greatest need in the area "other" was emergency financial assistance, with twenty-three percent (23%) of respondents (26/115) reporting needing and not being able to get emergency financial assistance; followed by eighteen percent (18%), help paying rent/mortgage (21/115); fourteen percent (14%), employment services (16/115); and thirteen percent (13%), client advocacy (15/115).

Service Area & Category Greatest Need	Percent Respondents
Medical-Related Services -Dental Care	17% (n=20)
Counseling Treatment and Support -Support Groups	20% (n=23)
Other -Emergency Financial Assistance	23% (n=26)

⁴⁷ Includes treatment adherence support, nutritional counseling, and dental care.

⁴⁸ Includes professional mental health counseling or therapy, support groups, buddy/companion, help quitting drug or alcohol use, help managing drug or alcohol use.

⁴⁹ Includes help finding housing, help paying rent, child care, legal assistance, transportation/rides, harm reduction services, food bank/pantry, emergency financial assistance, hospice, employment services, client advocacy.

Care Priorities

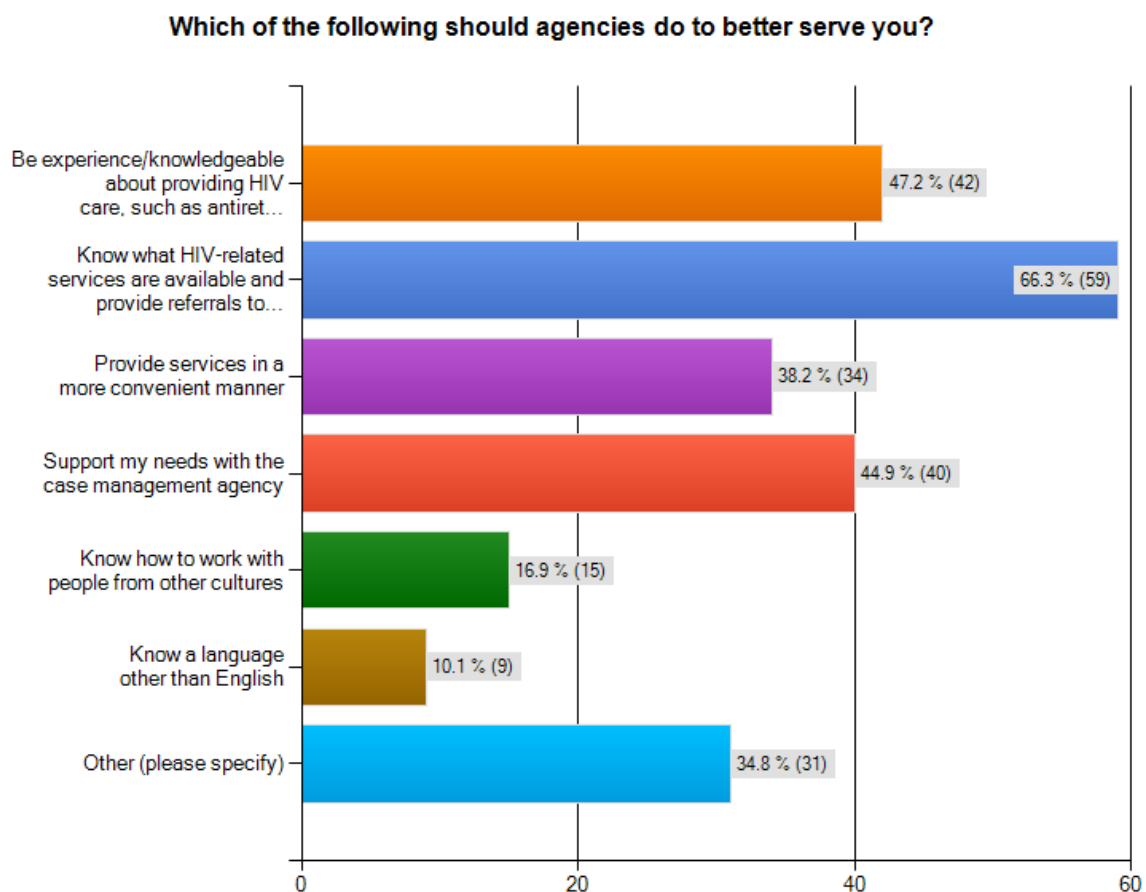
The following table reflects participant responses to the question, “How important are the following in keeping you from getting medical care?” The top three priorities in care consideration in this area were: quality of services (63%), cost of services (60%) and confidentiality (60%).

Consideration	Percent Respondents Identifying Consideration as “Important” or “Very Important”
Cost of Services	60% (n=69)
Distance to Services	51% (n=59)
Quality of Services	63% (n=72)
Long Waiting Lists	49% (n=57)
Paperwork/Red Tape	50% (n=58)
Transportation to Services	38% (n=44)
Child Care	17% (n=19)
Rude or Insensitive Staff	53% (n=61)
Confidentiality	60% (n=69)

Later when asked to list the three biggest problems faced when trying to get HIV-related services common responses included: lack of insurance, confidentiality, lack of provider scheduling flexibility, transportation and distance to services. Some also mentioned not knowing where to go for services. A few respondents noted that they have had no problems at all.

Respondent Suggestions

The accompanying chart reflects participant recommendations for what agencies can do to better serve them. Eighty-nine (89) respondents answered this question. Among top recommendations were: know what HIV related services are available and refer to them (66.3%), be experienced/knowledgeable about providing HIV care (47.2%), support my needs with my case management agency (44.9%) and provide services in a more convenient manner (38.2%). Also noteworthy, is that more than a quarter (25.8%) of those responding other (8/31), indicated that the care they are receiving is good or excellent. Additional responses listed under “other” included: offer alternative therapies, provide more assistance with basic needs, increase funding and increase accessibility to dental care.



FOCUS GROUP WITH HORIZONS PROJECT MALE YOUTH SUPPORT GROUP

A focus group was conducted with the Children's Hospital of Michigan (CHM)'s Horizons Project Male Youth Support Group to learn more about the care and service needs of young African American men who have sex with men (MSM) and to use the information obtained to minimize service gaps, meet unmet needs, and ensure optimal use of available resources. The focus group was conducted in October 2009, during a regularly scheduled support group meeting. There were eleven (11) participants⁵⁰.

Participants ranged in age from eighteen to twenty-three years-old. Eight (8) participants identified as Black/African-American and two (2) as Multiracial and/or Other. Ten (10) participants reported being enrolled in case management services; and nine (9), in HIV/AIDS medical care. Of this nine, eight participants (8) received services in the CHM Horizons Project Adolescent Clinic; one (1), at the Detroit Medical Center (DMC) - Wayne State University (WSU) Adult HIV/AIDS Program Clinic.

Duration of support group attendance ranged among attendees from one (1) day to three (3) years, with the majority of participants (7/10) having attended the group for six (6) months or more. Participant sentiments about the support group were overwhelmingly positive. They shared that they enjoyed, "being around people like [them]," being able to express their feelings in a safe environment, refreshments, program staff, and the feeling of being a part of a family. When asked what they would change if they could, participants expressed a need for meeting more often.

When asked "what is the best thing about the medical care you receive," responses included: that "we got medical care;" "we are still living;" "our doctors are wonderful." They also reported feeling respected and again the feeling of a being a part of a family. Similarly, participants expressed great appreciation and admiration for their case manager: "that is my heart;" "I love her to death." "[She] is like everyone's older sister or second mother," said one participant, "she stays in contact, and she helps." Here too the theme of feeling a part of a family was significant. Participants reported that there was nothing they would change about their case management or medical care.

While one participant expressed that taking his medications could be challenging, discussion of common challenges focused predominantly on stigma, discrimination, and personal relationships. Responses to "what is the biggest challenge you face living with HIV" included: "people," "ignorance," "my family," stereotypes, relationships and disclosure, judgment, and betrayal. "You have to learn who you can really trust."

Discussion of discrimination included both HIV status and sexual orientation, highlighting the impact of homophobia on their lives. One participant likened challenges around sexual orientation to an "identity crisis," asking "fag v. thug – Who do you want me to be?"

Similarly, participants reported fear, stereotypes and stigma as barriers to their peers not in care. They discussed the need to "redefine" and "change perceptions of HIV." One participant expressed that "it is us... We have to be the motivation. We have to share with each other."

Participants talked about visibility, talking to people about their status, role modeling for others that it takes strength to be honest, accept one's status, and seek services. At least two participants shared that

⁵⁰ One participant did not submit his demographic form.

they had come to participate in the group because of the encouragement of a friend also in the group, further highlighting the potential impact of social networks and the influence of peers.

Just as in other recent focus groups, services participants reported needing and/or having limited access to employment, education, safe and secure housing, and social security – services for personal or basic needs issues they were facing outside of HIV. Youth expressed finding it particularly challenging to go out and “extend oneself” to try and get needed services outside of HIV care.

Tentative recommendations include: continued support of Horizons Program support groups and working to ensure that funding priorities are reflective of the value and impact of such social support programs on the overall well-being of HIV-positive youth; exploration of innovative interventions and possible partnerships focused on combating homophobia in African American communities on a broad scale; a comprehensive HIV-positive youth specific resource guide; and further exploration of cross-sector collaborations and systems building to reduce gaps in basic needs for HIV-positive youth.

Focus group summary and tentative recommendations will be shared with the Horizons Project Male Youth Support Group for their feedback before they are finalized. These recommendations will be taken under consideration and used in future care and service planning for young African American MSM.

FOCUS GROUPS WITH HIV-POSITIVE RE-ENTERING CITIZENS

Focus groups were conducted with formerly incarcerated HIV-positive individuals in conjunction with the AIDS Partnership Michigan (APM) Community Re-entry Program. Four focus groups were conducted during the month of October 2009. There were twenty-six (26) participants, three (3) women and twenty-three (23) men⁵¹.

Participants ranged in age from twenty-seven to sixty-two years old. Twenty-four (24) participants were Black/African-American and one (1) was White. Twenty-three (23) participants reported being enrolled in case management services; and twenty-three (23), in HIV/AIDS medical care.

Of the participants reportedly not in care: one (1) reported HIV/AIDS medical care enrollment, but no longer having a need for case management; one (1) reported case management enrollment, but substance use as a barrier to maintaining his HIV/AIDS medical care; and only (1), very recently released individual (September 2009), reported not being enrolled in case-management or HIV/AIDS medical care. Overall, participants described the process of enrolling in case management and care through AIDS Partnership Michigan as easy. In the words of one participant, “APM is why I stay in care.”

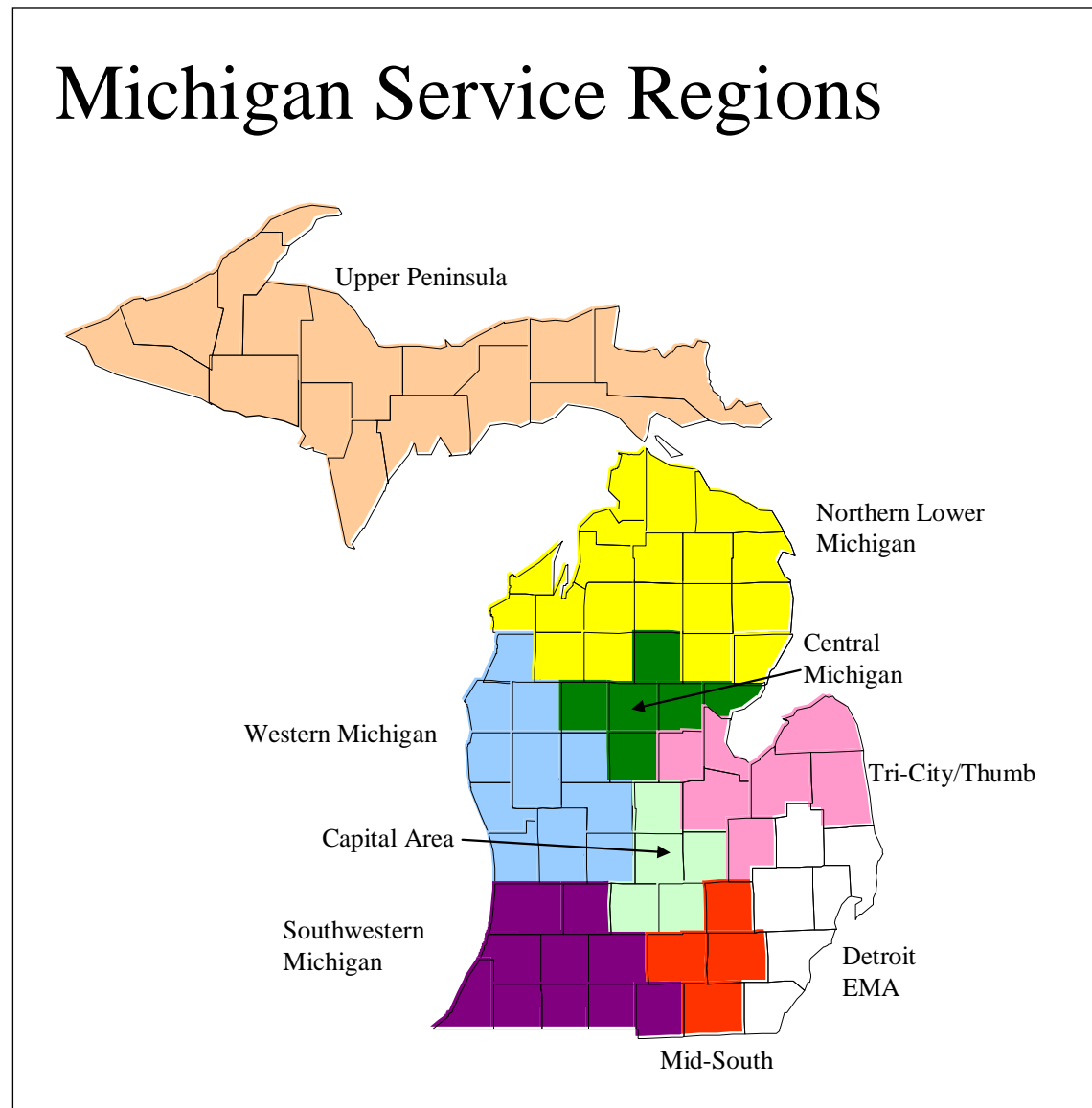
Common challenges included stigma and discrimination, difficulty navigating the system of care, confusion about the role of non-HIV medical care staff, the compounded stress of race, HIV and incarceration status, and resources to meet basic needs (safe and secure housing, transportation, and employment). Similarly, participants reported stigma, fear, isolation, and lack of knowledge as barriers to their peers not in care. “You don’t know what you don’t know,” one participant shared. A different, but also significant sentiment shared by another participant was that “everybody don’t want services...don’t want to be involved.”

Tentative recommendations include: education and training for non-HIV social service staff to reduce stigma and discrimination encountered within the social service system; expanding upon re-entry program services to offer greater system navigation assistance as needed, particularly to those with multiple diagnoses; improved education and training for clients on self-advocacy and empowered medical care; and further exploration of cross-sector collaborations and systems building to reduce gaps in basic needs.

Focus group summary and tentative recommendations will be shared with the Re-entry Program Support Group at AIDS Partnership Michigan for their feedback before they are finalized. These recommendations will be taken under consideration and used in future care and service planning for HIV-positive re-entering citizens.

⁵¹ One (1) man participated in both the October 1 and October 8, 2009 focus groups; and one (1) man participated in the October 1, 2009 group, but did not submit his demographic form.

APPENDIX A



APPENDIX B

OVERALL OUTSTATE RESPONDENT DEMOGRAPHICS	Total Survey Respondents
	482

Demographic	Percent Respondents
Gender	
Male	81% (n=389)
Female	16% (n=79)
Transgender	0.4% (n=2)
Overall Age Range	19-92 years old
Race	
African American	15% (n=73)
White	74% (n=355)
Hispanic	5% (n=25)
Asian/Pacific Islander	1% (n=6)
Native American/Alaskan Native	0.8% (n=4)
Arab/Chaldean	0.6% (n=3)
African National	4% (n=18)
Other ⁵³	1% (n=5)

Diagnosis and Care	Percent Respondents
AIDS Diagnosis	
No	66% (n=297)
Yes	32% (n=156)
Don't Know	2% (n=19)
Time between HIV/AIDS Diagnosis & Care	
Never received care	0.4% (n=2)
Immediately after diagnosis	62% (n=298)
≤ 6 Months	15% (n=73)
≤ 1 Year	6% (n=27)
> 1 Year	13% (n=65)
Don't remember	1% (n=5)
Other ⁵²	1% (n=5)

⁵² See area specific descriptions of "other."

⁵³ See area specific descriptions of "other."